

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

SERIAL NO:

101590,367

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						S1						
2	1						S2						
3	1						S3						
4	2	1					S4						
5	1	2					S5						
6	2	1					S6						
7	1	2					S7						
8							S8						
9							S9						
10							S10						
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45							S45						
46							S46						
47							S47						
48							S48						
49							S49						
50							S50						
TOTAL IND.	1		↓		↓		↓						
TOTAL DEP.	6		←		←		←						
TOTAL CLAIMS	7												